

Award 23158

**Form 2 Instructions:**  
**Candidate Response Form**  
(Revised 08/01/2022)

**Commented [KT(1):** See Attachment 7, Section 1.3 for further details.

Task Order #:	Sample: HBITS-XX-1XXXX (Must Match Form 1)			
Contractor Name:	Response Required - Contractor Holder Name			
Provide either the Contract Administrator or Secondary Contact Name as listed in Attachment 2; or include a different Contact Name for this Response.	Response Required – Enter Contact Name			
Contact Phone #:	Response Required – Enter Contact Phone #			
Contact E-mail:	Response Required – Enter Contact E-mail			
Candidate Full Name:	Response Required - Enter Complete Candidate Name)			
Is the Candidate a US Citizen (Yes or No)?	Response Required - Yes or No			
If YES, list the full first name as depicted on the State Driver's license or governmental identification:	If YES, Response Required			
If Yes, list the full last name as depicted on the Driver's license or governmental identification:	If YES, Response Required.			
If NO, list the full first name as depicted on the Visa/Passport (No abbreviations or other derivations are allowed):	If NO, Response Required			
If No, list the full last name as depicted on the Visa/Passport (No abbreviations or other derivations are allowed):	If NO, Response Required			
Visa/Passport #:	If NO, Response Required			
Type of Visa:	If NO, Response Required			
What date was the Pre-Interview conducted (MM/DD/YYYY)? (Must be held between the date the Task Order was posted to Active Contractors and the due date for responses)	Response Required - Enter Valid Date (Form 2 will be rejected if blank)			
Does the Candidate anticipate any absences during the engagement (Yes or No)?	Response Required - Yes or No			
If YES, list the start and end dates of each absence?	If YES, Response Required			
Candidate Interview availability dates (Cannot be earlier than 7 business days after due date of Form 2):	Response Required			
Is Candidate free from any non-compete agreement for the purposes of this Contract? (Form will be rejected if not answered affirmatively or blank)	Response Required – Yes or No (Form 2 will be rejected if blank or NO)			
Employment Status of Candidate (Direct Employee, Independent Contractor or Subcontractor(s) Employee**): (Form will be rejected if blank)	Response Required: Enter Direct Employee, Independent Contractor or Subcontractor(s) Employee (Form 2 will be rejected if response is altered or field is blank)			
**If Subcontractor(s) Employee, the chart below MUST be completed, or form will be rejected:				
Subcontractor Name	Subcontractor Address	Is Subcontractor a NYS Certified MBE, WBE, MWBE, SDVOB?	Is Subcontractor a NYS Certified SBE or meets the definition of a NYS SBE?	Is Subcontractor paying Hourly Wage Rate for Candidate? (Select Yes or No)

**Commented [KT(2):** If SUBCONTRACTOR(S), Response Required in Chart Below (Form 2 will be rejected if SUBCONTRACTOR(S) is selected above and Chart is incomplete or blank)

HBITS-XX-1XXXX

EXEC or NON-EXEC

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		(Select Designation or N/A)	(Select Yes or No)	
<b>Project/Program:</b>				
<b>Sample: Medical Marijuana (Must Match Form 1)</b>				
<b>Job Title:</b>				
<b>Sample: Programmer (Must Match Form 1)</b>				
<b>Skill Level:</b>				
<b>Sample: Senior (Must Match Form 1)</b>				
<b>Region:</b>				
<b>Sample: 1 (Must Match Form 1)</b>				
<b>Mandatory Qualifications</b>				
<b>Job Title Description:</b>	<b>Sample:</b> <b>Programmer</b> Creates computer software. May specialize in one area of computer software or may write code for many kinds of software.			
<b>Skill Level Description:</b>	<b>Senior (60 – 84 months)</b> Candidate is able to work independently, without assistance and provides leadership for others. May have an advanced education. (Must Match Form 1)			
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Mandatory Qualification, references, and any additional applicable information.			
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Mandatory Qualification, references, and any additional applicable information.			
<b>Requested Qualifications</b>				
<b>Qualification Number</b>	<b>Requested Qualification Description:</b>			<b>Max Points Assigned</b>
<b>1.</b>	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>10</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			
<b>2.</b>	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>10</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			

**Commented [GD(3):** Valid Dates of employment must be provided Any invalid or missing dates will not be counted towards experience.

Remove any additional lines for employment history that will not be used.

Refer to Contractors Desk Reference for additional assistance.

**Commented [GD(4):** For all Responses to Mandatory Qualifications:  
 This text must be deleted, and the Contractor provide a detailed explanation of how the Candidate meets the Mandatory Qualification. If this field is blank, incomplete, unclear or a "cut and paste", it will be rejected.

Refer to Contractors Desk Reference for additional assistance.

**Commented [KT(5):**  
**For all Requested Qualifications:**  
 Max Points Assigned (Must Match Form 1).

**Commented [GD(6):** Valid Dates of employment must be provided Any invalid or missing dates will not be counted towards experience.

Remove any additional lines for employment history that will not be used.

Refer to Contractors Desk Reference for additional assistance.

**Commented [GD(7):** For all Responses to Requested Qualifications:  
 This text must be deleted, and the Contractor provide a detailed explanation of how the Candidate meets the Requested Qualification. If this field is blank, incomplete, unclear or a "cut and paste", no Points will be given towards meeting the 48 Points necessary to pass the Requested Qualifications review.

Refer to Contractors Desk Reference for additional assistance.

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	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			
3.	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>10</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			
4.	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>10</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			
5.	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>10</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			
6.	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>10</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			
7.	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>5</b>
	For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.			
	Previous Employer's Company Name	Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
	For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.			

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<b>8.</b>	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>5</b>
For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.				
Previous Employer's Company Name		Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.				
<b>9.</b>	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>5</b>
For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.				
Previous Employer's Company Name		Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.				
<b>10.</b>	<b>Sample: X Months of Experience in Y doing Z. (Must Match Form 1).</b>			<b>5</b>
For previous employer(s), include name, start and end dates of engagement(s) in each blue section where applicable. The Number of Months Worked (Column E) will auto calculate.				
Previous Employer's Company Name		Start Date (XX/XX/XXXX)	End Date (XX/XX/XXXX)	Number of Months Worked
				0
For the position listed above, provide a detailed description of how the Candidate meets the Requested Qualification, references, and any additional applicable information.				
<b>Required Documentation</b>	<b>Résumé</b>			<b>0</b>
<b>Requested Documentation</b>	<b>Sample: Please provide a copy of the Certificate, Degree, etc. with the Form 2 (Must Match Form 1).</b>			<b>0</b>
<b>Requested Qualifications Must Total</b>				<b>80</b>
<b>Interview Must Total</b>				<b>20</b>
<b>Total Score</b>				<b>100</b>
<b>References (Optional)</b>				
	<b>Name</b>	<b>Company</b>	<b>Phone</b>	<b>E-Mail</b>
Reference #1				
Reference #2				
Reference #3				
<b>Additional Information Requests:</b>				
<b>Can the Candidate meet the additional security requirements requested (Note All That Apply)?</b>		Response required – If there are no additional security requirements on Form 1, enter N/A. If there are additional security requirements, enter YES or NO.		
<b>If YES or NO, provide relevant information:</b>		If YES or NO - Response required		
<b>Can the Candidate meet the additional training potentially required during the Engagement?</b>		Response required – Yes, No or N/A		

**Commented [KT(8)]:** Completion of this Section is optional

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Can the Candidate meet the type and/or manner of knowledge transfer requested during the Engagement?	Response required – Yes or No
Can the Candidate meet the travel anticipated during the Engagement?	Response required – Yes, No or N/A

**Contractor/Candidate Certification:**

This Form 2 Response must be fully and properly executed by an authorized person. By submission of this Candidate, the Contractor and Candidate certify the acceptance of this Form 2, OGS Centralized Contract, and that all information provided is complete, true, and accurate. This information may be verified by the OGS HBITS Team through randomly selected validation with the Contractor. Failure to present truthful and accurate responses may result in the rejection of the Candidate and/or the completion of an Authorized User Issue Form (Form 6) as described in Attachment 7, Section 1.3.2.